

## Agenda Item 5.i

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 5 October 2023</b>
<b>Report from:</b>	<b>Jonathan Lonsdale – Assistant Director Education</b>	
<b>Principal Objective/ Strategy and Title:</b>	<b>NHS England (previously Health Education England) Provider Self-Assessment - summary report</b>	
<b>Regulatory Requirement:</b>	In accordance with the Care Act 2014, NHS England is responsible for the leadership of all healthcare education and training for those employed by the NHS and for those seeking NHS employment. NHS England also has the statutory obligations for the quality of the services delivered that it funds, as well as for the safety and protection of students and patients. The NHS England Education Quality Framework identifies the standards that organisations are expected to meet to provide high quality learning environments.	
<b>Equality Considerations:</b>	Covered as part of the self-assessment.	
<b>Key Risks:</b>	ID1948 – Clinical Training Rooms NPH ID1854 / 1853 – Recruitment and Retention ID1974 – Use of CPD staff to cover vacant shifts	
<b>For:</b>	<b>Approval</b>	

### What is the self-assessment (SA)?

The NHS Education Contract (2021-24) requests all providers to fulfil the obligations of its roles and responsibilities set out in the NHS England Education Quality Framework and to submit a return to NHS England on their compliance with the contract. There is the requirement, via the NHS Education Contract that organisations will undertake this annually.

The NHS England SA is a process by which organisations carry out their own quality evaluation against a set of standards within the Education Contract. It is based on the philosophy of continuous quality improvement, the identification of quality improvement potential, the development of action plans, implementation, and subsequent evaluation.

Providers are asked to complete the online form indicating where they have or have not met the standards as set out in the SA by 13<sup>th</sup> October 2023. Whilst optional, RPH we have elected to provide summary of available evidence to support/describe responses, which may be requested once an NHSE triangulation exercise has taken place (Please see appendix 1- word document version of the draft submission). In addition RPH has a Review Meeting on 27<sup>th</sup> November 2023 with NHSE, a new initiative as part of the standard SA process – this supports transparency in our submission and opportunity to provide context and narrative to the triangulating teams.

### Who is required to complete the self-assessment?

Currently the following placement providers are required, in line with the NHS Education Contract, to complete the SA on an annual basis:

- NHS Acute Trusts
- NHS Mental Health Trusts
- NHS Ambulance Trusts
- NHS Community Trusts

Board approval is requested by NHSE before final submission.

## Key Achievements

**Continued development of Royal Papworth School:** as part function of the Trust and Education strategies, the Royal Papworth School vision is to pull together the, currently, fragmented elements of education provided at RPH under a single 'unit', provide a curricular approach to staff development, build upon the expertise at RPH and generate income to be reinvested into RPH education. Developing on the concept supported at Exec and Board level, a transitional School Management Group (comprising leads across the various clinical and non-clinical divisions) has drafted the school strategy with focused work now exploring its delivery.

**Undergraduate Medical Education:** The offerings and delivery of curriculum continues to grow through the successful combination of a multidisciplinary approach to education, appointment of medical education fellows, PA allocation and advanced practitioner posts. In addition, collaborative posts between University of Cambridge (UoC) and RPH continue to strengthen the links between academia and practice placement. Our annual QA visit with UoC continues to demonstrate the innovative approaches to delivery, adoption of digital technology to supplement training and advance the experience and practice of the learners.

**Staff Pastoral Support Awards:** Through continued hard work and dedication, recognising both the learning needs but importantly the pastoral needs of staff and learners, RPH Education and Recruitment Teams were awarded Silver level in the pilot NHS Pastoral Care Quality Award for HCSWs. In addition, the same teams achieved the NHS Pastoral Care Quality Award for International Nurses, identifying the ongoing commitment to providing best practice pastoral support to internationally educated nurses. These awards recognises the incredible work being carried out in the trust to ensure colleagues receive enhanced and tailored pastoral care as they start their NHS journey and onwards in their career, alongside the successful meeting of a set of standards and demonstration best practice pastoral care for support workers, including recruitment and induction; in-role support; ongoing learning and development; valuing staff and recognition.

## Key Challenges from overall self-assessment

**Cross Division Transparency/Understanding for Education Contract LDA education funds-allocation and spend:** Work continues to better assure funds awarded to RPH via the LDA for education spend have steer and oversight from senior education leads. There is confidence in the use of the accompanying finance schedule, however further work is required between finance and education teams to assure allocation and spend oversight and reporting. Presently we deliver well against the education contract, however flexibility, innovation and some core functions are limited. Internal resolution is underway with good engagement at senior levels. This is reflected in a number of the SA responses where we are currently unable to confidently identify allocation of spend directly to some educational activity requirements, consequently leaving gaps in training provision that remain covered through load levelling of other activity.

**Lack of protected clinical education training space (risk ID1948):** Lack of protected clinical education training space: With RPH itself and the wider Cambridge Biomedical Campus (CBC) there is limited safe, high fidelity clinical training space. At RPH we are dependent on modified patient activity planning to release bed spaces for such training. This is a significant risk factor for the organisation in ensuring staff have the training resource to enable professional development, clinical training and attainment of competence. Long term solutions are being worked through as part of a Trust wide Facilities Optimisation Project with CEO and COO sponsor/chair. Interim arrangements are in place with ongoing consultation and innovation to meet all requirements. Provision of such space is also acknowledged as part of Cambridge Clinical School quality assurance action plan.

**Vacancy rates for trainers/educators (and staff) (links to risk ID1974 / 1853 / 1854):** being a specialist hospital educators are a valuable commodity and often require specific training and levels of experience to deliver the education service to the highest of standards. As these staff develop and progress to other roles or leave their post for other reasons it can be challenged to immediately replace these staff in the same capacity. Mitigation plans remain in place but this often adds further (short term)

workloads which impacts on capacity and flexibility/responsiveness to training delivery. Similarly, growth rate of educators tends to be at a lesser rate than that of other service development and staff growth meaning educator to staff ratios become challenged. Targeted exploration is underway for study leave headroom use and allocation and within annual planned processes, these in turn will feed into an annualised training needs analysis and cyclical review of study leave application and allocation procedures.

**Medical Staff Training Exceptions:** There are a number of questions in the SA where we have marked 'exception to report'. In the main these reflect known challenges picked up through local and GMC surveys and have action plans in place to mitigate an improve upon.

### **Update on Current Monitoring in place by NHSE for placements (reported in 2022 SA)**

**NHSE (prev. HEE) QIR:** In August 2022 RPH was included in the HEE Quality Improvement Register (QIR) following concerns escalated to HEE in relation to Scientist Training Programme (STP) trainees (Critical Care). The risk rating for Critical Care Science STP trainees has been agreed at 15 with an Intensive Support Framework (ISF) rating of 2. The ISF 2 rating recognises that there are a significant number of areas where RPH does not currently meet the HEE standards and/or plans in place are not delivering sustainable improvement at the pace required.

Following investigation and review of programs and resources the following requirements were action planned against an improvement plan:

- Continued engagement with NSHCS
- Review of support for trainees undertaking assessments
- Workplace based assessment support.

5 further recommendations were also made.

Active engagement within the dept and across the organisation resulted in swift progress against the themes and a submission against plan was approved by NHSE. Formal removal from the Improvement Register was achieved in June 2023 with NHSE commending the work undertaken.

### **Conclusion**

We are confident the SA accurately reports RPHs position and positively reflects achievements and opportunities to date, celebrating success but transparently acknowledging our gaps challenges and risks. The SA seeks binary yes / no answers to each of the questions and whilst we have answered in the positive for the majority, we provide detail where explanation is required or further information clarifies the answer.

<p><b>Recommendation:</b></p> <p><b>The Board is requested to note the content of this summary report and approve the SA report (word version appendix 1) to enable electronic transcribing and submission.</b></p>
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